PART B - FEE(S) TRANSMITTAL

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| (77) | Complete and send this form, together with applicable fee(s), to: Mai | | | | ax | Mail Stop ISSUI Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000 | or Patents ginia 22313-1450 | | |
| | ASTRUCTIONS This for appropriate All Marinter con indicated Indica | rm should be used for tran rrespondence including the l below or directed otherwise | smitting the ISSU Patent, advance or in Block 1, by (a | E FEE and P ders and notif) specifying a | UBLIC ication new co | ATION FEE (if requ of maintenance fees v rrespondence address | ired). Blocks 1 through 5 will be mailed to the currer; and/or (b) indicating a se | should be completed where at correspondence address as parate "FEE ADDRESS" for | |
| | CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 10/12/2004 Anthony Claiborne 849 136th Ave. N.E. | | | | | Note: A certificate of Fee(s) Transmittal. The papers. Each additions have its own certificat | mailing can only be used is certificate cannot be used al paper, such as an assignn e of mailing or transmission | for domestic mailings of the d for any other accompanying ment or formal drawing, must | |
| .0/ | Bellevue, WA 98005 22/2004 WABDELR3 00000076 10650503 | | | | 1 | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. Anthony Claiborne (Depositor's name) | | | |
| 5 | FC:2501 685.00 QP FC:1504 300.00 QP FC:8001 9.00 QP | | | | | Cullian | laukom 8, 2004 | (Depositor's name) (Signature) (Date) | |
| | APPLICATION NO. | FILING DATE | FIRST NAMED INVEN | | | TOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| | 10/650,503 | 08/27/2003 | Samuel T. Basta | | | | 03-1004-02 | 6970 | |
| | TITLE OF INVENTION: GRAVITY WATERCRAFT LIFT | | | | | | | | |
| | APPLN. TYPE | SMALL ENTITY | ISSUE FI | E PU | | BLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| | nonprovisional | YES | \$685 | | | \$300 . | \$985 | 01/12/2005 | |
| | EXAMINER | | ART UNIT | | CL | ASS-SUBCLASS |] | | |
| | LAGMAN, FREDERICK LYNDON | | 3673 | | | 405-003000 | • | | |
| | 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. HE PATENT (print or type) lata will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment. | | | | | |
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| | 5. Change in Entity Status a. Applicant claims Sl | (from status indicated above | , | | | | LL ENTITY status. See 37 | | |
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| | Authorized Signature | Introng | Valon | _و_ | | Date | October 1 | 8, 2004 | |
| | Typed or printed name Anthony Chaiborne | | | | | = | No. 39,636 | | |
| | This collection of information an application. Confidentialis submitting the completed apthis form and/or suggestions Box 1450, Alexandria, Virginia 22313-Under the Paperwork Reduction and provided the paperwork Reduction. | on is required by 37 CFR 1.3 ty is governed by 35 U.S.C. plication form to the USPT for reducing this burden, shinia 22313-1450. DO NOT \$1450. tion Act of 1995, no persons | or retain a benefit by the estimated to take 12 addividual case. Any cofficer, U.S. Patent and S. TO THIS ADDRESS. | he public which is to file (a minutes to complete, includ mments on the amount of Trademark Office, U.S. De S. SEND TO: Commissione displays a valid OMB contro | nd by the USPTO to process) ing gathering, preparing, and time you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450, ol number. | | | | |

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